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2613/4

PATENT
450100-4414.1**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Motoki KATO
Serial No. : 10/032,913
For : SIGNAL CODING METHOD, SIGNAL CODING
APPARATUS, SIGNAL RECORDING MEDIUM, AND
SIGNAL TRANSMISSION METHOD
Filed : December 29, 2001
Examiner : Shawn S. An
Art Unit : 2613

RECEIVED

DEC 16 2004

Technology Center 2600

745 Fifth Avenue
New York, NY 10151**EXPRESS MAIL**

Mailing Label Number: EV 195876053 US

Date of Deposit: December 9, 2004

I hereby certify that this paper or fee is being deposited with the
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Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Barnet Shindler

(Typed or printed name of person mailing paper or fee)

Barnet Shindler

(Signature of person mailing paper or fee)

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of June 10, 2004, please consider the following
remarks.



PATENT
450100-4414.1

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	12	Minus	20	0 x	\$50 (25)	= \$0.00
Independent claims	4	Minus	4	0 x	\$200 (100)	= \$0.00
Total additional fee for this amendment						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☒ This response is being filed within the **third** month following the expiration of the term originally set therefor. This is a petition to request a **three-month** extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$1,020.00 is attached, which covers the cost of a petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Alexandria, VA 22313-1450.

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

Dennis M. Smid
Reg. No. 34,930
Tel: 212-588-0800

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